

rise to fermentation. Cream, with milder fruits, is not so objectionable because of a greater per cent of fat and therefore less tendency to form curds. Again, milk, when taken alone, may form large curds while if taken with a cereal preparation would be broken up into smaller pieces. Fruit, with the coarser vegetables,—cabbage, turnips, carrots, etc.,—produce both gastric and intestinal fermentation if taken at the same meal. Fruit digests very quickly, while cooked cabbage, because of the cellulose fiber, requires three or four hours. The fruit will ferment before the cabbage can be digested. This fermentation and gas formation is continued in the intestines.

There is much that might be improved in the diet usually given fever patients. In pyrexia, all the tissues of the body are subject to increased oxidation. There seems to be a more than proportionate break down of the proteid elements. The urine is loaded with urates while at the same time the system guards against the taking of proteid in any but very small amounts by decreasing the peptic ferment and acid. The digestion rebels against any but the simplest albumens, and this condition is continued well into convalescence. Gluten from 20 to 40 per cent variously prepared in gruel or bread may be given throughout the course of a fever. For children and especially infants, the cereal waters are preferable, but as an exclusive diet cannot be continued long. Egg albumen can be used in almost any case, either raw or soft cooked. It is of special value where other foods are not palatable. Meat broths and extracts may be considered principally as gastric stimulants. Their food value is exceedingly low. In the former it does not exceed 1 per cent by the analyses of Hutchinson, while the extractives predominate and to them is due the stimulating properties. Meat extractives and dextrin are the two strongest chemical excitants to the secretion of hydrochloric acid. But to offset this in the case of meat extractives is the added amount of waste matter taken into the system and consequently increased work thrown on the kidneys. In acute nephritis or the nephritis complicating scarlet fever, typhoid fever, etc., this is no small item. Typhoid bacilli grow most luxuriantly upon bouillon, multiplying more rapidly than in any other medium. Of course the bacilli which do the most harm are those in the intestinal mucous membranes. But an increase in number in the intestinal contents may produce reinfection of the lymph follicles and mucous membrane generally. Dr. F. X. Walls, in a paper read before the Chicago Medical Society condemned the use of milk in infectious diseases of intestinal origin, for the same reason. He referred more especially to its use in treating children. But milk cannot be said to be quite as good a medium for germs as meat broth. The fact that many epidemics of typhoid fever, to say nothing of diphtheria and the exanthemata have been traced to milk infection, should lead us to look upon it with disfavor. The milk of larger cities is allowed to pass unchallenged if the bacteria do not exceed 50,000 to the cubic centimeter. If the stomach produced a normal per cent of acid these would give no trouble. But in fever the acid is very low or altogether absent and the bacteria multiply without

hindrance. Since the nutrient value of both meat broths and milk is far exceeded by egg albumen and liquid preparations of the cereals and gluten, it would seem that they are entirely unnecessary.

If a non-toxic intestinal antiseptic is indicated, as it certainly is in typhoid fever, nothing could be better than fruit juices. Three minutes in pure lemon juice will render innocuous the culture of any pathogenic germ. This property is shared to some extent by all fruit acids. Tympanites is greatly decreased and largely obviated if fruit juices are given early in the course of the disease. Scraped apple, well cooked pears and peaches, and in fact the pulp of almost any fruit may be used. It goes without saying that berries are not included because of the seeds. The juice of the lemon and orange may be variously prepared or the latter given pure. Fruit acid not only makes an ideal intestinal antiseptic, but also serves the purpose of a refrigerant. The alkaline base of the organic acid or acid salt aids in maintaining the alkalinity of the blood, and the oxidation and elimination of the acid products of proteid metabolism is materially aided thereby. While no set diet list can apply to all cases, this has given us the best results.

These rather scattering remarks leave almost untouched the subject of diet in chronic Bright's and diabetes. Though an almost thread-bare subject, yet it is one of nearly daily importance to the physician in general practice. He finds it difficult in the ordinary home to regulate the menu of his patients. For this purpose a classified diet list will serve to control the range of foods. If desired the amounts of each article may be written in.

To summarize, the points of paramount importance are:

1. The correlation of facts shown by physiological experiments upon the digestive organs with the results of food analyses.
2. The application of the principles derived from this study.
3. The advantages of simplicity in diet.
4. Insistence upon strict adherence to the diet prescription, not only for the time being but for weeks or months, in chronic cases.

### WILFUL DECEPTION IN A CASE OF HYSTERIA.\*

By EDWARD W. TWITCHELL, M. D., Sacramento.

A little over four years ago, in a paper read before the Sacramento Society for Medical Improvement, I endeavored to draw the attention of the local profession more sharply to those cases of deception in the hysterical which were conscious or wilful, and therein to be distinguished from involuntary or subconscious simulations where the patient was deceived as well as the attending physician. Detailed mention was made of a case reported by Rothmann and Nathanson in the *Archiv fur Psychiatrie und Nervenkrankheiten* Bd. 32 Heft. 1, 1899, of a patient who simulated chyluria by injecting milk or cream into the bladder. I wish this

\* To have been read at the Thirty-sixth Annual Meeting of the State Society, San Francisco, April 18, 1906.

afternoon to relate an instance of deception in many respects as remarkable, although not so baffling.

The patient in question, Isabella G., age 9 years, is a native of California, of Italian parentage. Both parents are neurotic, the mother particularly so, but both in very good physical condition, as they had always been. A brother died at the age of 4, reputedly of brain fever. Other children are healthy. The previous history of the patient is uneventful.

On January 9, 1905, the family physician was called. The apparent condition was that of general weakness, and anemia with complaint of chronic constipation and of thirst. No symptoms referable to the nervous system were remarked. The attendant prescribed a liberal diet, an organic preparation of iron and sodium phosphate.

January 21, 1905. Condition is much the same. Attention was directed by the parents to the scantiness of the urine. Treatment remained unchanged.

January 25, 1905. Constipation increases, no movement of the bowels without aid of castor oil. Eats but little. Passages are small and dark. Urine is still scanty. Temperature is 98.2, pulse 90 and weak. Prescribed infusion of digitalis.

January 30, 1905. Improvement noted. Pulse and temperature normal. Treatment continued unchanged.

February 19, 1905. Physician was called again, the parents complaining that she urinates scarcely at all, and eats nothing. Urinates but once in 24 hours. Was catheterized twice in following 24 hours, about two ounces of urine being obtained at each time. The odor and color of the urine were good and the result of further examination was negative. At this time a new symptom developed, viz., a cough which was practically constant, keeping up hour after hour. For at least 36 hours the patient was without sleep. Chest examination revealed nothing. The parents were assured that the cough was of a nervous nature, and chloral and bromide were ordered.

February 24, 1905. Cough continues as before. Catheterized daily, but only a few drops of urine gotten each time.

February 25, 1906. A consultant was called. It was suggested that some cerebral condition accounted for suppression of urine, and the continued cough. Cocaine and nitrate of silver were advised for local application to the pharynx. The consultant examined the ears and asked if there had been any bleeding therefrom, which there had not been. That same evening the child's handkerchief was flecked with blood which she declared to have come from her ear. There was no blood in the auditory canal.

February 26, 1905. Was called in consultation myself. The cough this day was not quite so aggravated, but still existed. Suspecting the nature of the trouble to be hysteric, I counseled removal to an adjacent hospital and complete isolation from the family. This was accordingly done, but the strain upon the patient and the mother was so great that after a few hours at the hospital a reunion was effected and the patient went home. None the less, the policy of ignoring her was carried out pretty well at home.

February 27, 1905. About this time, discoveries began to crop up. Wet spots on the carpet were found to be due to urine. Some urine-soaked rags were found concealed under the bed. A large paper bag, which should have been full of raisins, was empty. This accounted for the apparent fasting and the dark stools. The patient vigorously denied urinating surreptitiously and eating the raisins. But the cough ceased abruptly.

March 3rd. Was found yesterday to have urinated into the coal hod. By order of the physician food was put in convenient places and the parents left the house for some time. On their return the food was gone, but the child could not be induced to eat in the presence of others.

March 22nd. Has improved very much, but still urinates secretly.

April 13th. Decidedly better. Has urinated normally for the past two weeks. Has confessed that she got blood from her wrist to feign bleeding from the ear, and that she had urinated onto rags and about the room for the purpose of deceiving those about her. From this time on recovery was rapid and ultimately complete so far as the condition complained of was concerned. Within the past month the family physician has reported her as in perfect health to all appearance.

Now, such cases are by no means rare enough to report on account of rarity, but it seems to me that in the present instance there are several points worthy of particular attention. In the first place, the age is unusual. There is a precocity out of the ordinary that induces a child of 9 years, of illiterate parentage, to feign a train of symptoms worthy of a practiced hysteric of 30 years of age and luxurious surroundings. It goes without saying that such precocity is pathologic and is akin, as will occur to many of you, to that facility in deception which enables a child of like age and station to go into the witness stand and tell a circumstantial tale of attempted rape which is either a product of her own imagination, or the result of suggestion and training on the part of a vicious adult. The skill and pertinacity of the child in sticking to the original tale in spite of all efforts of the physician or the cross-examiner to confuse her is marvelous. These examples are to be sharply distinguished from those in which the child herself is deceived and believes implicitly in the truth of her assertions. I do not think that this distinction is sufficiently pointed out. For some, all such simulations are wilful and the unfortunate hysteric is looked upon as a liar from choice and without reason. There are in fact two mental states, which while objectively identical, are subjectively far apart. The innocent simulation originates subconsciously, as a result of the patient's abnormal suggestibility. She has no conscious part in the deception, of which she is the victim as well as those about her. The deliberate deceiver is, however, wide awake. The emotions are chiefly at fault. With all such individuals there is a craving for attention and notoriety. They are self-centered to an extreme degree, having but the haziest perception of what is outside of the sphere of their own world, and but little care therefor. The all-important thing to them is the gratification of self. Every chance is seized upon, which offers an increase of attention. This morbid craving for notice leads them to the use of all means, fair or foul, for the accomplishment of their ends. Hence the exaggeration of existing symptoms, the invention of new ones and the prolongation of illness.

The evolution of a symptom complex is interesting to trace. In the present instance, the patient began with a real debility of uncertain nature. A complaint of thirst induces the physician to examine the urine, which happens to be scanty and this is remarked upon. This imbues the patient with a desire to make the symptom more pronounced and anuria shortly follows. A passing cough arouses the anxiety of the parents, and the cough is accordingly aggravated to the "nth" degree. Repeated

urging to take food brings on fictitious fasting. Examination of the ears by a consultant, is rewarded in the second attempt by finding the external ear smeared with blood. And so the patient piles Pelion on Ossa until the family circle is well-nigh distracted. These things are usually facilitated by the stupidity, born of anxiety, of other members of the family, or, what is very common, by the skillful aid of a confederate, for there is an *esprit de corps* among the psycho-neurotics and one gladly lends aid to another for the discomfiture of the Philistines. It is astonishing to see to what length a neurotic mother, sister, aunt, or cousin, will go in helping on the deception of the rest of the world.

In the righteous explosion of wrath which follows the exposure of these wiles, we must not allow ourselves to forget that the state of mind that permits such things to be, is morbid. This is no mere mischievousness, and as such is not to be spanked out of them. The will of such individuals is so subservient to their powerful emotions that they have little control over actions which the normal individual would inhibit. Hence the impropriety of punishment as for a misdemeanor. What amounts to harshness must be sometimes applied, but it should be done sympathetically as the knife or the cautery are used in surgery, for cure, not for punishment. The danger of inappropriate treatment is not so great here as in the case of innocent simulators. Threats of operation usually bring them to their senses before the operation begins. In Rothmann and Nathanson's case a proposed trepaning brought the patient out of a trance. On the other hand, there is no question that many unconscious simulators submit to unnecessary operations. I have for my part, in one case at least, saved a patient from such an operation, which was about to be undertaken in perfect good faith by the operator and with full consent of the patient. Subsequent history amply justified the interference. There is many a bottled appendix or ovary whose only offence was that it was the object of too much attention from its owner. So the importance of recognizing these cases is evident.

In deliberate deceptions, recognition is tantamount to cure. Once the physician, and, what is likewise of importance, the family, are convinced of the true nature of the symptoms, and take measures accordingly, they will soon be rewarded by a tacit or spoken confession from the patient, and the rest is easy. In spite of the simplicity of these cases, once the light is let in on them, they can prove a source of immense trouble if allowed to go undetected, and all practitioners should be well alive to their existence, and look sharply for flaws in the statements of any patient whose malady savors of the extraordinary.

Finally, as to the justifiability of the diagnosis of hysteria, in this particular instance, it may be objected that these are not sufficient grounds for the basis of such a diagnosis. For my part, I think they are, but that really cuts very little figure, so far as the main issue is concerned. Whether hysteria, or neurasthenia, the psychology of such cases is the

same, and the boundaries of hysteria are not so well defined as those of Lake Tahoe. Anesthesia and hysterogenic areas, especially in children, are no more essential to hysteria than are rose spots and diarrhea to enteric fever. Mental stigmata alone are often sufficient.

#### REPORT OF THE 17th AND 18th CASES OF COCCIDIOIDAL GRANULOMA.

By PHILIP KING BROWN, M. D., San Francisco.

I desire to place on record two more cases of coccidioid granuloma diagnosed during life and observed in the service of Drs. E. R. Bryant and H. G. Cates, of Los Angeles. The disease has been diagnosed during life a number of times before, but the increase of it among the working class in the San Joaquin Valley, renders its importance so great that an early diagnosis of the trouble seems especially necessary in view of the fact that the well established cases invariably die. The case of Dr. Samuel Gardner, with local lesions in the ankle, which resulted in his promptly amputating the leg after diagnosis, is the only case that seems to have been entirely cured.

The disease presents so varied a picture that lesions of an unusual nature anywhere in the body bearing resemblance to syphilis or tuberculosis and occurring especially in people from the San Joaquin Valley should suggest this disease. To a person familiar with its varying picture, particularly where there are skin lesions, culture tests do not seem to me absolutely essential to the diagnosis, although in the present stage of our knowledge of the disease, it is extremely important that the diagnosis should be corroborated by culture experiment.

In addition to the report of the two cases, I have added a brief summary of the cases thus far reported, including three not yet published, which were reported by me before the Association of American Physicians last summer.

The following two cases were observed in the Sisters' Hospital, Los Angeles, in the service of Drs. E. R. Bryant and H. G. Cates.

Case 17. Examined July 10, 1906. K. Naka Shima. Age 28. Native of Japan. Has been employed at track work by the Southern Pacific in San Joaquin Valley, for some months preceding the entrance to the hospital. He was referred to the hospital for treatment because of pain in the neighborhood of one of the ankle joints, accompanied by a swelling and some redness. The diagnosis of rheumatism was entertained at first, and a gonorrheal complication was also suspected. These conditions were ruled out after close observation and the administration of salicylates, and on the appearance of anterior cervical adenitis. The ankle lesion, as well as the glands, went on to suppuration and were surgically treated, all being healed in 7 to 10 days. In the course of a few weeks further abscesses appeared in the vicinity of the former ones, and one appeared upon the face over the malar bone and another above the eye-lid. There was apparently

\* Read before the Association of Railway Surgeons, San Francisco, August 22, 1906, with presentation of Case 17.